

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

ACRAMENTO, CA 94234-7320



October 24, 1989

TO: All County Welfare Directors  
All County Administrative Officers

Letter No.: 89-90

SUBJECT: CHANGES IN COPAYMENT FOR MEDICAL SERVICES

The enclosed beneficiary notice is being sent out with all November 1989 Medi-Cal Cards. The notice is self-explanatory. The change is underlined. The exemption period is expanded, pursuant to federal regulation to include the expanded postpartum period. The postpartum period now extends through the end of the month in which the 60-day period following the termination of pregnancy ends.

Any questions should be directed to Terri Stackpole, Department of Health Services, Benefits Branch, at (916) 324-2496.

Sincerely,

Original signed by

Frank Martucci, Chief  
Medi-Cal Eligibility Branch

Enclosure

cc: Medi-Cal Liaisons  
Medi-Cal Program Consultants

Expiration Date: October 24, 1990

## BENEFICIARY STUFFER

### CHANGES IN COPAYMENT FOR MEDICAL SERVICES

Since 1982, Medi-Cal recipients have been required to pay a small amount of money each time they get a medical service or prescribed drug. This is called a "copayment".

Read this carefully to know when you may have to make a copayment. Certain health care plans do not require copayment. Your plan can give you more information. No copayment is required for: Any person age 18 or under, any woman receiving services during pregnancy or the postpartum period, persons receiving family planning or emergency services, any person who is an inpatient in a health facility, or children living in boarding homes or in foster care. If the Medi-Cal provider reimbursement rate is \$10 or less (your provider is familiar with these rates), you do not have to make a copayment. The copayment is collected by your provider at the time the service is rendered. Providers also have the option of not collecting copayment. A provider cannot deny medical services because you cannot make the copayment; however, you will be liable to the provider for any copayment amount owed.

The following information will tell you when you may have to copay.

1. You must pay \$5 for any nonemergency service received in a hospital emergency room. To avoid this charge, you should go the emergency room only when you urgently require immediate medical attention. If the doctor decides that your visit was not really an emergency, you will have to pay \$5. If you need prompt medical care but the situation is not truly an emergency, you should contact your physician or local outpatient clinic.
2. You must pay \$1 per visit for the following outpatient services: physician, hospital or clinic outpatient, surgical center, optometric, chiropractic, psychology, podiatric, occupational therapy, physical therapy, speech therapy, audiology, acupuncture, and dental.
3. You must pay \$1 for each drug prescription or refill.

If you have any further questions about whether you must make a copayment, please call your local county welfare department.

If you are dissatisfied with the information they provide, you may contact the Department of Health Services, Medi-Cal Program Inquiry Unit, at (916) 445-0266, Monday through Friday between the hours of 10:00 a.m. - Noon, and 1:00 p.m. - 3:00 p.m.